

**Maine Chapter American Academy of Pediatrics  
Talking Points for Fluoride Press Conference  
March 19, 2007**

The single, most effective way to prevent tooth decay is fluoridation of community water supplies. Currently, tooth decay is the most common chronic disease among our children. It can interfere with a child's ability to learn and do well in school, and can lead to a lifetime of ill health, including tooth loss, pain, serious infections, and poor nutrition. Poor oral health is increasingly linked to other illnesses and chronic conditions; including heart disease. About half of Maine's children suffer from dental disease, and virtually all of this is preventable with strategies that include fluoride, dental sealants, and regular visits to a dental professional.

I would like to address some of the misinformation that has been presented to the public in the last several weeks.

The recent 2006 National Research Council Report on Fluoride in Drinking Water did raise concerns about higher levels of fluoride (above 2 ppm) that may be present in **natural** sources, such as well water, and urged people to find alternative sources of water to avoid fluorosis in this situation. The levels added to public drinking water are still at accepted safe levels between 0.7 and 1.2ppm. In addition, the American Dental Association did provide guidance on limiting the possible excessive use of fluoridated water for mixing infant formula to also prevent fluorosis. Current recommendations for supplemental fluoride already restrict the use of fluoride supplements until after 6 months of age, and this new recommendation provides more specific guidance rather than radically changing our view on fluoride supplementation. No other health concerns for infants were raised in relation to this recommendation.

A recent article in the Bangor Daily News attempted to make links between fluoride and autism. One study, cited from China, looked at therapeutically aborted fetuses whose mother's had been exposed to industrial (very high, not therapeutic) doses of fluoride. The only conclusion of the study was that high doses of fluoride

crossed the placenta and had an effect on certain brain cells of the fetus. There is no way to ascertain any resulting clinical or developmental effect as these fetuses did not survive. The connection made to the University of Texas study of certain brain cells noted to be affected in autism has no direct relationship to the study from China. There is no research present today that links fluoride with autism. This connection is scientifically inappropriate and irresponsible.

There are other situations where supplementation of food or water has been beneficial to children. Many foods are now supplemented with iron which is another naturally occurring mineral in the earth. Iron is an essential element in hemoglobin, and, without it, we cannot survive. Iron at therapeutic doses is entirely safe, however, at high doses, such as those seen with accidental overdoses, iron can cause severe, erosive gastrointestinal damage, bleeding problems, liver failure, and kidney failure. This fact does not keep us from adding iron to foods or providing iron as an over the counter supplement. It does make us provide education and warnings to families to protect their children from an accidental overdose.

The American Academy of Pediatrics and the Maine Chapter of the AAP continue to strongly support the fluoridation of community water supplies as a safe and effective treatment for the prevention of dental caries. This provision of fluoride in controlled doses has greatly improved the oral health of millions of Americans over the last 60 years. While the Maine Chapter of the American Academy of Pediatrics respects the right of individual health care providers to express their opinion regarding concerns about established medical treatment and policies of the Academy, the views expressed by recent opponents of community water fluoridation are not a representation of the National American Academy of Pediatrics or the Maine Chapter.

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